

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

233777

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7		2				
8	1					
9		①				
10		①				
11		2				
12		1				
13						
14						
15						
16		①				
17		①				
18		①				
19		①				
20		1				
21		1				
22		1				
23		1				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	25	↔	↔	↔	↔	↔
TOTAL CLAIMS	27	↔	↔	↔	↔	↔

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
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97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS		↔	↔	↔